

CITY OF SHOREVIEW

4600 N. Victoria Steet

(651-490-4600 / Fax 651-490-4696)

DATE: _____

PERMIT # _____

BUILDING PERMIT APPLICATION

All applicants complete general information and signature section.

One and two family dwelling projects complete Section A or B

Commercial projects complete Section C or D on Reverse or Second Page

GENERAL INFORMATION

Site Address: _____

Owner: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Complete Address: _____ Fax: _____

License Number: _____ Expiration Date: _____ Lead Cert Number _____

SIGNATURE

THIS IS AN **APPLICATION** FOR A PERMIT. **NOT** THE ACTUAL PERMIT

THE UNDERSIGNED HEREBY AGREES TO ALL WORK IN ACCORDANCE WITH SHOREVIEW
CITY CODE AND THE RULING OF THE INSPECTIONS DIVISION

Applicant Signature: _____ Work Phone: _____

Applicant Name (print): _____ Home Phone: _____

A. ONE AND TWO FAMILY DWELLINGS (NEW CONSTRUCTION)

Lot: _____ Block: _____ Subdivision: _____

Square Footage: 1st Floor _____ 2nd Floor _____ 3rd Floor _____ 4th Floor _____

Basement Square Footage: Finished _____ Unfinished _____ Garage Square Footage _____

Valuation of Dwelling Excluding Land _____

B. ONE AND TWO FAMILY DWELLINGS (OTHER)

Addition _____ Deck _____ Basement Finish _____ Remodel _____ Repair _____ Reside _____ Pool _____

Re-Roof _____ Driveway _____ Fence _____ Shed _____ Demolition _____ Move _____ Other _____

Explain Project _____

Does Project Require Lead Remediation? Yes No **Valuation of Project** _____

If No Explain _____

C. COMMERCIAL/INDUSTRIAL (NEW)

Use/Occupancy: A-1:___ A-2:___ A-3:___ A-4:___ A-5:___ B:___ E:___ F-1:___ F-2:___ H-1:___ H-2:___ H-3:___ H-4:___

H-5:___ I-1:___ I-2:___ I-3:___ I-4:___ M:___ R-1:___ R-2:___ R-3:___ R-4:___ S-1:___ S-2:___ U:___

Type of Construction (circle): Type: I II III V **AND** A or B **OR** Type: IV HT

Square Footage: _____ Sprinkled: Yes___ No___ **Value of Improvement** _____

D. COMMERCIAL (OTHER)

Owner/Tenant: _____ Phone: _____

Current Address: _____

Tenant Finish:_____ Addition:_____ Alteration:_____ Repair:_____ Other:_____

Explain: _____

Occupancy Classification:_____ Type of Construction:_____ Estimated Completion Date:_____

Value of Improvement: _____

FOR OFFICE USE ONLY

Approvals:

FLOOD DETERMINATION: _____ ZONE: _____ DATE: _____

ENGINEERING: _____ DATE: _____

PLANNING: _____ DATE: _____

Does/Did this project require City Council or Planning Commission authorization: _____ Yes _____ No

Did the City Council or Planning Commission impose any conditions of approval: _____ Yes _____ No

(---If yes attach a copy---)

FEES

Erosion Control Escrow \$ _____

Erosion Control Inspection \$ _____

Grading Certificate Escrow \$ _____

Planning and Landscape Escrow \$ _____

Street Repair Escrow \$ _____

SAC (____Units) \$ _____

Water Connection Charge \$ _____

Water Area Connection \$ _____

Water Source and Supply \$ _____

Water Meter \$ _____

Sales Tax \$ _____

Sewer Connection Charge \$ _____

Sewer Area Connection \$ _____

TOTALS \$ _____